

Survey of Small Business Owners

1. Is your company a . . . ? (check one)

- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ "C" Corporation
- ☐ "S" Corporation
- ☐ "LLC" Limited Liability corporation
- ☐ Other - Specify _____

2. Please identify your position in the business:

- ☐ Majority Interest Owner
- ☐ Minority Interest Owner
- ☐ President/CEO
- ☐ Partner
- ☐ Sole Proprietor/Principal

3. Which of the following applies to your business:

- ☐ Personally started the business
- ☐ Purchased the business from someone else
- ☐ Inherited the business or it was transferred in some other way

4. At the current time, how many people are employed at all locations in your business?

- ☐ Part-time (30 hours or less)
- ☐ Full-time
- ☐ Total Employees

5. In what county is your business located? _____ City _____

6. At this point in time, what do you consider your primary goal as a person who owns and manages a business?

7. From your perspective as an owner who also manages the business, what are some of the primary factors that help make a small business successful?

8. What would you say are the greatest challenges that a successful small business owner must face?

9. Please circle the appropriate response to how much of a threat it is to you and the success of your business at this point in time. Would you say it would be very much of a threat, somewhat of a threat, or not too much of a threat?

	<u>Very Much Of A Threat</u>	<u>Somewhat Of A Threat</u>	<u>Not Too Much Of A Threat</u>	<u>No Response</u>
a. Attracting or recruiting new employees	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
b. Enhancing customer service	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
c. Improving product or service quality	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
d. Building market share	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
e. Controlling health care costs	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
f. Building acceptable personal wealth	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
g. Maintaining continued growth	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
h. Improving profitability	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
i. Access to capital	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
j. Retaining current key employees	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
k. Government Regulations & Paperwork	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>

10. Does the business own or lease its primary place of operation? ____ own ____ lease

11. Is the primary place of the business' operations located in (your/the owner's) home?
____ Yes ____ No

12. Which of the following business sectors would be most appropriate in which to classify your company?

____ Manufacturing	____ Construction	____ Retail
____ Transportation	____ Insurance	____ Financial Services
____ Real Estate	____ Business Consulting	____ Communications
____ Computer/Technology	____ Other service to businesses	____ Health Care

Other **(SPECIFY)** _____

13. Which of the following regulation areas most affects your business?

☐ Environmental ☐ Transportation ☐ Insurance
☐ Health Department ☐ Labor ☐ OSHA
☐ Workers' Compensation ☐ Other _____

14. Overall, how has government regulatory requirements affected your small business?

☐ Helped Significantly ☐ Helped Somewhat ☐ No Effect
☐ Hurt Somewhat ☐ Hurt Significantly

15. In the past five years, have you been fined for violating federal or state regulations?

☐ Yes ☐ No

16. If yes, How much was the fine? _____

17. Did you appeal? ☐ Yes ☐ No

18. What was the result? _____

19. What actions do you think are necessary in order to make the regulatory process easier and more effective for your company?

20. What can government "**Do or Not Do**" to help your business grow and be successful?

21. Are you willing to work on a committee to help with Small Business Advocacy Issues?

☐ Yes ☐ No

Subcommittee/Issue Areas (Rank 1,2,3 the areas that you are most interested):

☐ Capital Formation ☐ Regulation & Paperwork ☐ Taxation
☐ Human Capital ☐ Environmental Policy ☐ Procurement
☐ International Trade ☐ Innovation/New Economy ☐ Technology
☐ Insurance: Health/Workers' Compensation

If yes to question 21 or you would like to be added to our mailing list, please complete the following:

Name _____
Company Name _____
Address _____
City State Zip _____
Phone _____ Fax _____
Email _____

Fax or Mail to: Kentucky Commission on Small Business Advocacy
404 Ann St., Frankfort, KY 40601, 502-564-6659, FAX 502-564-2315
<http://smallbusiness.state.ky.us>